

St. Francis of Assisi Norristown Parish Religious Education Program  
600 Hamilton Street, Norristown PA 19401

2022-2023 Year Student Registration Form

For Office Use Only

Date \_\_\_\_\_ PREP Grade \_\_\_\_\_ Paid \_\_\_\_\_ Amnt. \_\_\_\_\_ Check \_\_\_\_\_

Please fill out this form completely, both sides.

PLEASE HAVE A COPY OF YOUR CHILD(REN)'S BAPTISM CERTIFICATE(S) AT THE TIME OF REGISTRATION.

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Family **FULL** Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

**Emergency Contact Person**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Are your family registered Parishioners here at St. Francis of Assisi Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, where are you registered? \_\_\_\_\_

Are there any custody / legal issues? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide a complete copy of the latest court order.)

I give permission for my child(ren)'s picture to appear on the Parish website, bulletin, and other publications in relation to events that happen in the parish. Yes \_\_\_ No \_\_\_\_\_

*Baptismal Certificate(s)*

\_\_\_\_ Enclosed \_\_\_\_ Previously Submitted \_\_\_\_ Baptized at St. Francis of Assisi

Student Information **Please provide all information for your children.**

**Child 1:**

\_\_\_\_\_ Last Name MI First Name

Sex M / F Date of Birth \_\_\_\_\_

Name of Day School \_\_\_\_\_ Grade Level \_\_\_\_\_

Baptism Date & Church \_\_\_\_\_

First Penance Date & Church \_\_\_\_\_

First Communion Date & Church \_\_\_\_\_

Does this child have any allergies that we should know about? Y / N \_\_\_\_\_

Is this child on any medications? Y / N \_\_\_\_\_

Does this child have any learning disabilities? Y / N \_\_\_\_\_

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**Child 2:**

\_\_\_\_\_

*Last Name*

*MI*

*First Name*

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Name of Day School** \_\_\_\_\_      **Grade Level** \_\_\_\_\_

**Baptism Date & Church** \_\_\_\_\_

**First Penance Date & Church** \_\_\_\_\_

**First Communion Date & Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child on any medications? Y / N** \_\_\_\_\_

**Does this child have any learning disabilities? Y / N** \_\_\_\_\_

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**Child 3:**

\_\_\_\_\_

*Last Name*

*MI*

*First Name*

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Name of Day School** \_\_\_\_\_      **Grade Level** \_\_\_\_\_

**Baptism Date & Church** \_\_\_\_\_

**First Penance Date & Church** \_\_\_\_\_

**First Communion Date & Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child on any medications? Y / N** \_\_\_\_\_

**Does this child have any learning disabilities? Y / N** \_\_\_\_\_

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**Child 4:**

\_\_\_\_\_

*Last Name*

*MI*

*First Name*

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Name of Day School** \_\_\_\_\_      **Grade Level** \_\_\_\_\_

**Baptism Date & Church** \_\_\_\_\_

**First Penance Date & Church** \_\_\_\_\_

**First Communion Date & Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child on any medications? Y / N** \_\_\_\_\_

**Does this child have any learning disabilities? Y / N** \_\_\_\_\_